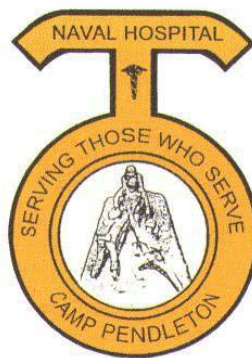


Internal Assessment Plan

For

**Naval Hospital Camp Pendleton,
Including
Associated Branch Medical Clinics**



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LIST OF ACRONYMS AND ABBREVIATIONS

ABMC	Area Branch Medical Clinic
AC	Air Conditioner
ACCUM	Accumulation
ASB	Asbestos
AST	Above Ground Storage Tank
AUL	Authorized Use List
BHP	Break Horsepower
BIO	Bio-hazardous Waste
BMC	Branch Medical Clinic
BTU	British Thermal Units
BUMED	Bureau of Medicine and Surgery
C	Center
CCR	California Code of Regulations
CFR	Code of Federal Regulations
CH	Change
CHRIMP	Consolidated Hazardous Material Reutilization and Inventory Management Program
CL	Checklist
CNO	Chief of Naval Operations
CNO-N45	Director, Environmental Protection Safety, and Occupational Health Division, Chief of Naval Operations
CO	Commanding Officer
CP	Contingency Planning
CR	Cultural Resources
CSH	Counter Sharps Container
DW	Drinking Water
E	East
ECE	Environmental Compliance Evaluation
EFA	Engineering Field Activity
EMS	Environmental Management System
ENT	Ear, Nose, and Throat Ward
ENVMGMT	Environmental Management
EPA	Environmental Protection Agency
EPM	Environmental Program Manager
EQA	Environmental Quality Assessment
FAC	Facilities
FACMGMT	Facilities Management
FSH	Floor Standing Sharps Container

HAZMAT	Hazardous Material
HAZMINCEN	Hazardous Material Minimization Center
HAZWASTE	Hazardous Waste
HM	Hazardous Material
HP	Horsepower
HR	Hour
HSKPG	Housekeeping
HW	Hazardous Waste
IAP	Internal Assessment Plan
ICU	Intensive Care Unit
IH	Industrial Hygiene
INRMP	Integrated Natural Resources Management Plan
IR	Installation Restoration
MCB	Marine Corps Base
MCAS	Marine Corps Air Station
MCCS	Marine Corps Community Services
MCLB	Marine Corps Logistics Base
MCMWTC	Marine Corps Mountain Warfare Training Center
MDAQMD	Mojave Desert Air Quality Management District
MMBTU	Million British Thermal Units
MOU	Memorandum of Understanding
MSDS	Material Safety Data Sheet
MWR	Morale, Welfare, and Recreation
N	North
NACC	Naval Ambulatory Care Center
N/A	Not Applicable
NAVHOSP CAMPEN	Naval Hospital Camp Pendleton
NAWS	Naval Air Weapons Station
NBVC	Naval Base Ventura County
NE	North East
NEPA	National Environmental Policy Act
NR	Natural Resources
NW	North West
NWS	Naval Weapons Station
O ₂	Oxygen
ODS	Ozone Depleting Substance
OH	Occupational Health
OHS	Oil, Hazardous Substances and Spill Contingency Plan
OPA 90	Oil Pollution Act of 1990
OPMAN	Operating Management
OPNAVINST	Office of the Chief of Naval Operations Instruction
P2	Pollution Prevention
PCB	Polychlorinated Biphenyls
PEST	Pesticide

PM	Preventative Medicine
PM	Program Manager
POA&M	Plan of Action and Milestones
POU	Point of Use
PW	Public Works
PWC	Public Works Center
PWD	Public Works Department
S	South
SCAQMD	South Coast Air Quality Management District
SCP	Spill Contingency Plan
SDAPCD	San Diego Air Pollution Control District
SE	South East
SNI	San Nicolas Island
SOP	Standard Operating Procedure
SPCC	Spill Prevention Control and Countermeasures
SR	Spill Response
ST	Storage Tanks
SW	South West
SW	Solid Waste
SWPPP	Storm Water Pollution Prevention Plan
TBD	To Be Determined
TEMP	Temporary
UST	Underground Storage Tank
VCAPCD	Ventura County Air Pollution Control District
W	West
WSH	Wall Mounted Sharps Container
WW	Wastewater

1. INTRODUCTION

1.0 Internal Assessment Plan Overview

The Navy is committed to full and sustained compliance with all applicable environmental and natural resource laws and regulations. Internal assessments are one of the most effective tools for understanding regulatory requirements and achieving compliance. Chapter 20 of OPNAVINST 5090.1B CH-2 requires all Navy shore activities to implement an Internal Assessment Plan (IAP). As part of the Environmental Quality Assessment (EQA) program, the host activity, in coordination with tenant activities, will perform an internal assessment annually. The internal assessment is a systematic, documented, objective, and comprehensive environmental compliance review of installation practices and facilities completed within a 12-month period.

The internal assessment is conducted in accordance with an IAP developed by the installation's host activity, in coordination with its tenants. It documents how the activity plans to conduct an assessment within the "fenceline" over the course of the year. The IAP is a key element of the internal assessment and must address all applicable compliance requirements. Information is compiled from existing sources including plans, permits, inventories, program area managers' knowledge, and practice owners' knowledge. The information is organized and analyzed in a planning process to create the IAP.

The approach used to evaluate environmental quality is dependent upon the maturity of the installation's environmental programs and the Environmental Management System (EMS). Naval Hospital Camp Pendleton (NAVHOSP CAMPEN) is striving to implement an installation-wide comprehensive management system for achieving compliance with Federal, state, and local regulations as well as military policies, instruction, and directives. Integral to this effort is the execution of the NAVHOSP CAMPEN IAP.

This IAP meets Chapter 20 requirements by:

- Describing the NAVHOSP CAMPEN approach to executing the IAP;
- Fostering better communication between base organizations, environmental managers and shop level workers.
- Proactively sustaining compliance with relevant environmental laws, rules, regulations, and policies.
- Tracking performance, operational controls, objectives and targets.
- Identifying internal assessment roles and responsibilities;
- Identifying NAVHOSP CAMPEN practices with actual or potential environmental impacts; and

- Determining priorities and frequencies for all inspections and compliance evaluations to be conducted by NAVHOSP CAMPEN command personnel.

1.1 The Environmental Management System

Executive Order 13148, requires the development of an Environmental Management System (EMS). The EMS, when properly developed and implemented, is a self-correcting system that will help ensure a facility is in compliance with environmental regulations at all times.

The Navy EMS is a five-step process. The first step is the development of an Environmental Policy by the facility commander.

The second step is the planning step. This step consists of identifying regulatory and other requirements; identifying practices, processes, resources, and impacts; identification of pollution prevention opportunities; development of objectives and targets; and finally the development of a planning, programming and budgeting system.

The third step is implementation. This step consists of the defining of structure responsibilities, and programs; the implementation of training; EMS documentation (including document control and record keeping); communication of the EMS; development and implementation of standard operating procedures (SOPs); and the development and implementation of an emergency preparedness and response procedure.

The forth step is checking and correcting. This step includes monitoring and measuring (internal assessments); problem and cause identification, and corrective and preventative action implementation; and an EMS Review.

The fifth step is a management review. In this step, upper management reviews the entire EMS, including the results of internal assessments, to make modifications to the EMS as necessary to ensure compliance. Taking into account the results of step four, checking and correcting, this management review is designed to ensure continual improvement in the EMS.

1.2 Definition of Terms

The following terms are used throughout this IAP¹:

Practice

Any activity conducted by an installation or its tenants in performing their mission that has an actual or potential impact on the installation's assets. Includes both business and management practices.

¹ These definitions come directly from "A Short Guide to the Environmental Quality Assessment (EQA) Program"; January 2000 developed by RADIANT International and Potomac-Hudson Engineering for EFA Chesapeake.

Asset

A resource on which the installation depends or over which it has some responsibility, and which may be impacted (adversely or beneficially) by the conduct of practices. Assets could include environmental, cultural, or historical areas; personnel health and safety; mission effectiveness; training lands; real property; financial resources; public relations; etc.

Practice Owner

The person, unit, or organization that operates, conducts, controls, or is otherwise responsible for a practice.

Inspection

On site examination of practices and related environmental control measures by or on behalf of the practice owners to determine whether environmental compliance requirements are being satisfied. Includes documentation and reporting of deficiencies as arranged with the installations environmental management office and any sampling, analysis, or other monitoring activities that the practice owners perform in order to maintain compliance.

Compliance Evaluation

Identification, characterization, and documentation of compliance deficiencies related to either practices or environmental programs conducted by environmental management office personnel or other environmental professionals designated by the installation. Includes oversight of any inspections that have been performed by practice owners.

2. Purpose

2.0 Purpose

The purpose of this report is to provide a comprehensive IAP for NAVHOSP CAMPEN and its associated branch medical clinics located at Marine Corp Base (MCB) Camp Pendleton (Mainside, Camp Del Mar, the Brig, Edson Range, Camp Margarita, Camp San Onofre, and Camp San Mateo), Marine Corps Air Station (MCAS) Yuma, Naval Base Ventura County (NBVC) Port Hueneme, NBVC Point Mugu, Marine Corps Mountain Warfare Training Center (MCMWTC) Bridgeport, Naval Weapons Station (NWS) Seal Beach, Marine Corps Logistics Base (MCLB) Barstow, and San Nicolas Island.

This IAP is the first element of the EMS planning process, satisfying the requirement for the identification of regulatory and other requirements, as well as the identification of practices. As the first stages of the planning process, the IAP is an integral part of the identification of pollution prevention opportunities, the development of environmental objectives and targets, and is a key tool in planning, programming, and budgeting.

In addition, the IAP compliance evaluations are vital in the EMS checking and correcting process.

3. Overview and Approach

3.0 Overview and Approach

NAVHOSP CAMPEN will conduct internal assessments based on the compliance evaluation frequency specified in NAVHOSP CAMPEN IAP Inventory Tables in Appendices A through O of this IAP. The assessments are based on the identified environmental processes, business practices, environmental aspects, environmental assets, and the associated impacts determined by the environmental management team. The information contained in this plan was compiled from existing sources including plans, permits, inventories, and corporate knowledge of the facility, as well as site visits at NAVHOSP CAMPEN, and at its associated branch medical clinics on MCB Camp Pendleton, NBVC Port Hueneme, NBVC Point Mugu, MCLB Barstow, MCAS Yuma, MCMWTC Bridgeport, and San Nicolas Island.

The internal assessments will focus on both environmental management and business practices within each of the following environmental media areas:

- Air
- Above Ground Storage Tanks (AST)
- Asbestos
- Biohazardous Waste
- Hazardous Materials (HM)
- Hazardous Waste (HW)
- National Environmental Policy Act (NEPA)
- Natural Resources (NR)
- Pollution Prevention (P2)
- Potable Water (PW)
- Solid Waste (SW)
- Spill Prevention Control and Countermeasures (SPCC)
- Storm Water
- Underground Storage Tanks (UST)
- Wastewater (WW)

Once a year, NAVHOSP CAMPEN will prepare an Environmental Quality Assessment (EQA) Report and forward it to their Major Claimant. The EQA Report is a summary of the health of all NAVHOSP CAMPEN environmental programs as of the end of a specified reporting period. The report includes information on the critical issues that the Major Claimant should be aware of and that may require Major Claimant attention and/or resources.

The EQA Report contains at least these four items:

- Program Area Status Summary Chart;
- Summary of Problem Solving Efforts and Corrective Actions;
- Status of Top 5 Environmental Issues/Concerns; and
- Updated IAP.

The Navy's Environmental Quality Assessment Guide contains more detailed information on the contents of this EQA Report, including suggested formats for this report.

3.1 Types of Practices

There are two types of practices included in the IAP: business practices and management practice.

Business Practice – Work-related activities including operation and maintenance of industrial processes, pollution control equipment, and mission-critical equipment and facilities; weapons systems training operations; etc.²

Management Practices – Activities conducted to manage, coordinate, or support business practices, such as provision of environmental training for personnel, documentation of EMS elements, development and implementation of plans and standard procedures, etc.²

3.2 Inspections

The person identified in the inventories in Appendices A through O under “Practice Owner” is responsible for conducting inspections. These inspections will be performed for all programs/media applicable to their facility in accordance with the schedule identified in the NAVHOSP CAMPEN IAP Inventory Tables in Appendices A through O. Point-of-use (POU) checklists may be provided to practice owners to facilitate these recurring inspections. The practice owners will maintain these checklists as evidence that the inspections have been completed. Any deficiencies noted in these inspections should be brought to the attention of the Environmental Manager, or other responsible party, so that the deficiency may be remedied as quickly as possible.

POU checklists have been developed for selected practices. These checklists are included in Appendix P.

3.3 Compliance Evaluations

The NAVHOSP CAMPEN Environmental Manager will conduct compliance evaluations for all programs/media and applicable facilities in accordance with the compliance evaluation frequency identified in the NAVHOSP CAMPEN IAP Inventory Tables in Appendices A through O. At a minimum, the compliance evaluation will consist of

² These definitions come directly from the “Environmental Quality Assessment Guide”; August 1999, developed by RADIANT International and Potomac-Hudson Engineering for EFA Chesapeake.

completing the same point-of-use checklists provided to the practice owners. The monitoring and measuring process ensures environmental performance is consistent with the installation's Environmental Policy and encourages continual improvement by identifying both successes and areas needing improvement. All problems and corrective actions will be documented and maintained by both the practice owner and the NAVHOSP CAMPEN Environmental Manager.

3.4 EMS Review

As a part of the annual EQA, the facility may (optionally) perform an Environmental Management System (EMS) review. The EMS review evaluates the thoroughness and effectiveness of inspections, compliance evaluations, and the IAP, as well as any policies, standard operation procedures (SOPs), and point-of-use (POU) checklists developed as a part of the EMS. Any necessary changes will be made to reflect newly identified facilities, changes in inspection and compliance evaluation frequencies, new policies, SOPs or POU checklists. The EMS review will determine what needs to be done to improve the overall Environmental and Natural Resources Program. While not currently required, this review is an important step in continual improvement of a facilities overall EMS; however, Chief of Naval Operations (CNO) has required all activities to develop, implement and review their respective EMS no later than 31 December 2005.

4. Roles and Responsibilities

4.0 Roles and Responsibilities

In order for this IAP to work effectively, it is important for practice owners and the Environmental Manager work together and understand their individual roles in the overall EMS. Detailed below are the roles and responsibilities each entity has in ensuring the success of this IAP.

4.1 Naval Hospital Camp Pendleton Executive Steering Committee

The NAVHOSP CAMPEN Executive Steering Committee will:

- Ensure the IAP is developed and implemented.
- Ensure the IAP is reviewed on an annual basis and updated as necessary.
- Review and approve corrective actions and changes to the IAP and EMS.
- Provide the IAP and/or annual updates to the Major Claimant.
- Ensure that the NAVHOSP CAMPEN Environmental Manager has the resources and assistance necessary to complete their responsibilities.

4.2 Naval Hospital Camp Pendleton Environmental Manager

The NAVHOSP CAMPEN Environmental Manager will:

- Provide oversight, coordination, and training for all practice owners for inspections.
- Provide point-of-use checklists to practice owners to facilitate inspections.
- Periodically review and revise point-of-use checklists as needed.
- Conduct compliance evaluations of all pertinent practices according to the schedule in the NAVHOSP CAMPEN IAP Inventory Tables in Appendices A through O.
- Conduct program reviews of environmental media to ensure compliance with all policies and regulatory requirements.
- Identify root causes of all deficiencies deemed significant and develop POA&M and documentation for corrective actions and process improvements.
- Identify and coordinate funding requests for corrective actions and practice improvements.
- Annually review and revise the IAP to ensure continuous improvement within the EQA and EMS Programs.
- Develop the annual EQA Report provided to the Major Claimant.
- Assist the practice owners, as necessary, in completing point-of-use checklists and in correcting noted deficiencies.

4.3 Practice Owners

The NAVHOSP CAMPEN practice owners will:

- Conduct inspections according to the schedule presented in the NAVHOSP CAMPEN IAP Inventory Tables in Appendices A through O.
- Document the results of inspections according to the schedule and provide to the Environmental Manager during compliance evaluations.
- Immediately correct identified deficiencies, where appropriate and feasible.
- On a timely basis, contact NAVHOSP CAMPEN environmental managers regarding identified deficiencies that are not immediately correctable.
- Support the Environmental Manager in problem solving activities.
- Ensure personnel are familiar with environmental policy & procedure.
- Identify/report on unit environmental issues.

5. Maintaining the IAP

5.0 Maintain the IAP

Chapter 20 of OPNAVINST 5090.1B CH-2 requires that the IAP be reviewed annually and updated as necessary. Changes to the plan may be required due to a number of factors including but not limited to the following:

- Practices have been shut down/closed, moved, added or changed significantly;
- Additional practices have been “discovered” during the previous year’s assessments that must be included in future efforts;
- Experience with the internal assessment program has resulted in reconsideration of previously assigned priorities and inspection frequencies;
- New regulatory or policy requirements;
- Environmental performance improvement at particular practices indicating that these locations may require less frequent inspections or compliance evaluations.

OPNAVINST 5090.1B CH-2 requires shore activities to implement an Environmental Quality Assessment (EQA) Program. The EQA program replaces the Navy’s Environmental Compliance Evaluation (ECE) Program. In applying the principle of continuous improvement, the Director, Environmental Protection Safety, and Occupational Health Division, Chief of Naval Operations (CNO-N45) tasked a Process Team made up of representatives from across the Navy to examine the ECE process and recommend a more effective and efficient program. The team designed the EQA program to support the following goals:

- Integrating environmental leadership into every level of management by promoting full awareness through effective training and by clearly defining environmental quality expectations.
- Implementing a quality assessment program that clearly defines internal and external assessments yet is flexible and tailored to the needs of the command.
- Identifying problems and their root causes, identifying and implanting quality improvements and pollution prevention opportunities, and developing corrective action plans including identification of funding sources.
- Providing Commanding Officers (COs) and their chains-of-command with the tools and technical expertise necessary to verify whether effective management processes are in place, resources are adequate and effectively used, and compliance is achieved.
- Providing technical assistance for corrective actions through an effective support network.

6. Practice Inventories

6.0 Practice Inventories

Appendices A through O present inventories of all environmental practices associated with NAVHOSP CAMPEN and its associated branch medical clinics. These inventories attempt to characterize all of NAVHOSP CAMPEN environmental practices in a comprehensive listing as part of the Internal Assessment Plan and in accordance with EQA guidelines. These inventories are an attempt to ensure that all practices have been identified and will be reviewed for compliance evaluations or inspections on a periodic basis. The tables in Appendices A through O use the following terminology:

- **Media Area** – Indicates the specific program or media area covered by that line of the IAP.
- **Practice Description** – A description of the particular practice.
- **Organization** – The organization that owns or is responsible for compliance for the particular practice.
- **Bldg/Location** – The building number where the practice is located.
- **Inspection Frequency** - Describes the frequency at which local internal inspections, sampling, and/or monitoring is performed (e.g. daily, weekly, bi-monthly, monthly, quarterly, semi-annually, or annually).
- **Practice Owner** – Identifies the person primarily responsible for a practice's overall compliance, and is responsible for completing recurring inspections.
- **Local Priority** – Identifies the risk to the program area in relation to other practices in its media category and the environmental program as a whole:
 - **Low** – Characterizes little risk to the overall program.
 - **Medium** – Characterizes a moderate risk to the program and may have more stringent monitoring or permit requirements.
 - **High** – Characterizes a high risk to a program's health and demands the attention of an environmental program manager on a regular basis. High-risk assets tend to have greater regularity of monitoring requirements.
- **Compliance Evaluation Frequency** – Designates the frequency at which the practice will be evaluated for compliance purposes (e.g. daily, weekly, bi-monthly, quarterly, semi-annually, or annually).
- **Compliance Evaluation Responsibility** – Designates who has local internal compliance oversight for compliance evaluation purposes for a practice pertaining to an environmental media.
- **Regulatory Reference** – Identifies any rules and regulations that affect the practice.
- **Point of Use Checklist Ref** – The reference linking each practice to the checklist(s) that must be completed as part of the recurring inspection. Those point-of-use checklists completed for NAVHOSP CAMPEN are included in Appendix P.

- **Comments/Notes** – Lists any pertinent data or information concerning the practice. This data may include documentation items such as local, non-regulated permit numbers, POA&Ms, discrepancies, or any type of information association with the practice.

7. Recommendations for Further Action

7.0 IAP Recommendations

All IAPs are intended to be living documents, updated at least annually as discussed fully in section 5. This section presents recommendations as to which areas of the IAP may need further attention.

7.0.1 General Recommendations

- Point-of-Use (POU) checklists have been developed for a few practices in air quality and ODS management. POU checklists should be developed for the other practices, as appropriate, in these and other media areas.
- This IAP includes an inventory of business and management practices for NAVHOSP CAMPEN and its associated clinics. An aspects and impacts analysis has not been performed on these practices. It is recommended that NAVHOSP CAMPEN Environmental Manager perform a detailed aspects and impacts analysis of each type of practice to assist in further determining the potential impacts of each practice. This full analysis will also help in setting objectives and targets as part of an overall EMS.
- SOPs have been developed for many practices at NAVHOSP CAMPEN, but there are still some practices that have not been captured. It is recommended that all practices be evaluated for SOP creation or modification.
- Several clinics aboard MCB Camp Pendleton are currently operated under the control of the Marine Corps. These clinics are in the process of coming under navy control, which will place them under NAVHOSP CAMPEN. These clinics are not included in this IAP, but should be completely inventoried when they are officially transferred.

7.0.2 Air Quality Recommendations

- An inventory of Air conditioners was not completed as part of this IAP. It is recommended that a complete AC inventory be completed so that Ozone Depleting Substance (ODS) requirements are identified.

7.0.3 Hazardous Material Recommendations

- At the time of the site visit to the NBVC Port Hueneme BMC, no access was possible to the custodial closets. It is recommended that these areas be inventoried, particularly for hazardous material storage.

7.1 Notes

APPENDIX A

NAVAL HOSPITAL CAMP PENDLETON
PRACTICE INVENTORY TABLE

APPENDIX B

13 AREA BRANCH MEDICAL CLINIC
MAINSIDE
PRACTICE INVENTORY TABLE

APPENDIX C

24 AREA BRANCH MEDICAL CLINIC
BRIG
PRACTICE INVENTORY TABLE

APPENDIX D

21 AREA BRANCH MEDICAL CLINIC CAMP DEL MAR PRACTICE INVENTORY TABLE

APPENDIX E

31 AREA BRANCH MEDICAL CLINIC EDSON RANGE PRACTICE INVENTORY TABLE

APPENDIX F

33 AREA BRANCH MEDICAL CLINIC CAMP MARGARITA PRACTICE INVENTORY TABLE

APPENDIX G

52 AREA BRANCH MEDICAL CLINIC CAMP SAN ONOFRE PRACTICE INVENTORY TABLE

APPENDIX H

62 AREA BRANCH MEDICAL CLINIC
CAMP SAN MATEO
PRACTICE INVENTORY TABLE

APPENDIX I

BRANCH MEDICAL CLINIC
YUMA
PRACTICE INVENTORY TABLE

Yuma inventory is to be completed and provided at a later date.

APPENDIX J

BRANCH MEDICAL CLINIC
BARSTOW
PRACTICE INVENTORY TABLE

APPENDIX K

NAVAL AMBULATORY CARE CENTER
PORT HUENEME
PRACTICE INVENTORY TABLE

APPENDIX L

BRANCH MEDICAL CLINIC
POINT MUGU
PRACTICE INVENTORY TABLE

APPENDIX M

BRANCH MEDICAL ANNEX
SAN NICOLAS ISLAND
PRACTICE INVENTORY TABLE

San Nicolas Island inventory is to be completed and provided at a later date.

APPENDIX N

BRANCH MEDICAL CLINIC
SEAL BEACH
PRACTICE INVENTORY TABLE

Seal Beach inventory is to be completed and provided at a later date.

APPENDIX O

BRANCH MEDICAL CLINIC
BRIDGEPORT
PRACTICE INVENTORY TABLE

Bridgeport inventory is to be completed and provided at a later date.

APPENDIX P

POINT-OF-USE CHECKLISTS

CL-ODS-1

Repair and Maintenance of Air Conditioning and Refrigeration Equipment

1. Is refrigerant not intentionally vented to the environment?
2. Is all repair and maintenance work performed by certified ODS technicians?
3. Are technician certifications verified (are certification cards or certificates examined)?
4. Is refrigerant evacuated, recovered and returned to the Navy prior to disposal of air conditioning or refrigeration equipment?
5. Is certified recovery/recycle equipment used for maintenance and repair work?

CL-ODS-2

Air Conditioning Recordkeeping

1. For all appliances holding over 50 lbs. of refrigerant, are service records kept showing the date of service, type of service and quantity of refrigerant added or recovered?
2. For all appliances holding over 50 lbs. of refrigerant, are leaks repaired within 30 days of discovery?

CL-AIR-1

Emergency Generators/Internal Combustion Engines

1. Is the permit or certificate of registration from the local air district current and posted on or near the generator?
2. Is logbook completed showing dates of operation, hour meter reading on each date and cumulative hours of operation per calendar year?
3. Does logbook indicate if each operation is for maintenance or emergency?
4. If operation is for an emergency, is the nature of the emergency recorded?
5. Is the recommended maintenance procedure for the engine on file?
6. Are records kept of the sulfur content of any liquid fuel used in the engine to show that sulfur content is no more than 0.5% by weight?

During annual compliance evaluation, check to see that visible emissions do not exceed 20% opacity

CL-AST-1:

Above Ground Storage Tanks

1. Is adequate lighting provided for night spill detection and deterring vandals? : 40 CFR 112.7 (e) (9) (v)
2. Is the berm drain valve closed and locked? : 40 CFR 112.7 (e) (2) (iii)
3. Is valve opened under responsible supervision during rainwater drainage event? : 40 CFR 112.7 (e) (2) (iii)
4. Are all tanks or piping systems containing oil sound and free of leaks? : 40 CFR 112.7 (e) (2) (vi)
5. Are vehicles (refilling and dispensing vehicles) examined for leakage at all outlets prior to departure? : 40 CFR 112.7 (e) (4) (iv)
6. Is secondary containment sufficiently impervious to spilled oil (any cracks in secondary containment)? : 40 CFR 112.7 (e) (2) (ii)
7. Are liquid levels sensing devices tested regularly? : 40 CFR 112.7 (e) (2) (viii)
8. Are berm drainage records up-to-date? : 40 CFR 112.7 (e) (2) (iii)
9. Are inspection records of the facility maintained? : 40 CFR 112.7 (e) (8)